



QUARTERLY STATEMENT
AS OF September 30, 2007
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[] Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]					
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			
Policyowner Relations Contact			G-3245 Beecher Rd. (Street and Number)			
	Flint, MI 48532 (City, or Town, State and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)(Extension)			

OFFICERS

Name	Title
KATHY KENDALL	President
TOM DONALDSON	Chairman
DON KOOY	Secretary
DENNIS KRZEMINSKI	Treasurer

OTHERS

MIKE GRODUS, Chief Financial Officer #

DIRECTORS OR TRUSTEES

KATHY KENDALL	DON KOOY
TOM DONALDSON	RONALD SHAHEEN D.O.
DENNIS KRZEMINSKI	VICKIE RAMEY
BRENDA KAISER	KEVIN TOMPKINS
CONNIE BAILEY #	

State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DENNIS KRZEMINSKI (Printed Name) 2. Treasurer (Title)	(Signature) MIKE GRODUS (Printed Name) 3. Chief Financial Officer (Title)
Subscribed and sworn to before me this day of , 2007	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	1,302,324		1,302,324	1,120,813
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,632,338		2,632,338	2,746,291
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....49,398,162), cash equivalents (\$.....0) and short-term investments (\$.....0)	49,398,162		49,398,162	44,390,257
6.	Contract loans (including \$.....0 premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	1,741,371	1,712,721	28,650	19,482
10.	Subtotals, cash and invested assets (Lines 1 to 9)	55,074,195	1,712,721	53,361,474	48,276,843
11.	Title plants less \$.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued	202,898		202,898	194,161
13.	Premiums and considerations:				
13.1	Uncollected premiums and agents' balances in the course of collection	105,799		105,799	2,968
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
13.3	Accrued retrospective premiums				
14.	Reinsurance:				
14.1	Amounts recoverable from reinsurers				
14.2	Funds held by or deposited with reinsured companies				
14.3	Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	74,146	47,534	26,612	
19.	Furniture and equipment, including health care delivery assets (\$.....0)	205,268	205,268		
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	920,683		920,683	848,730
22.	Health care (\$.....1,787,735) and other amounts receivable	1,796,378		1,796,378	1,421,496
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	58,379,368	1,965,523	56,413,844	50,744,198
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	58,379,368	1,965,523	56,413,844	50,744,198
DETAILS OF WRITE-INS					
0901.	INTANGIBLE ASSET - THE WELLNESS PLAN	1,348,490	1,348,490		
0902.	INTANGIBLE ASSET - PHP	308,283	308,283		
0903.	OTHER INVESTED ASSETS	84,598	55,948	28,650	19,482
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)	1,741,371	1,712,721	28,650	19,482
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	13,650,356		13,650,356	15,043,686
2.	Accrued medical incentive pool and bonus amounts	2,657,809		2,657,809	2,836,708
3.	Unpaid claims adjustment expenses	423,000		423,000	423,000
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	121,563		121,563	82,652
9.	General expenses due or accrued	839,709		839,709	612,064
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	64,448		64,448	13,227
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	922,083		922,083	1,036,268
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$.....0 current)	3,457,558		3,457,558	2,401,670
22.	Total liabilities (Lines 1 to 21)	22,136,527		22,136,527	22,449,276
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X		
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	33,137,317	27,154,923
30.	Less treasury stock, at cost:				
30.1	.....0 shares common (value included in Line 24 \$.....0)	X X X	X X X		
30.2	.....0 shares preferred (value included in Line 25 \$.....0)	X X X	X X X		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	34,277,317	28,294,923
32.	Total Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	56,413,843	50,744,198
DETAILS OF WRITE-INS					
2101.	PAYABLE FOR QAAP	233,122		233,122	1,911,111
2102.	ACCRUED PENSION	490,559		490,559	490,559
2103.	HOSPITAL TRANSFER HRA/GME PAYABLE	2,733,877		2,733,877	
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	3,457,558		3,457,558	2,401,670
2301.	.....	X X X	X X X		
2302.	.....	X X X	X X X		
2303.	.....	X X X	X X X		
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	.....	X X X	X X X		
2802.	.....	X X X	X X X		
2803.	.....	X X X	X X X		
2898.	Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1	2	3
		Uncovered	Total	Total
1.	Member Months	X X X	537,469	494,821
2.	Net premium income (including \$.....0 non-health premium income)	X X X	120,794,153	91,063,981
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	(7,777,022)	(5,604,990)
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	113,017,131	85,458,991
Hospital and Medical:				
9.	Hospital/medical benefits		82,090,359	56,516,224
10.	Other professional services		1,659,894	1,414,206
11.	Outside referrals			
12.	Emergency room and out-of-area		1,910,350	2,792,531
13.	Prescription drugs		16,836,130	14,982,997
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		2,264,799	577,541
16.	Subtotal (Lines 9 to 15)		104,761,533	76,283,499
Less:				
17.	Net reinsurance recoveries		31,980	768,859
18.	Total hospital and medical (Lines 16 minus 17)		104,729,553	75,514,640
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....30,079 cost containment expenses		150,395	142,947
21.	General administrative expenses		4,862,771	4,621,966
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		109,742,720	80,279,553
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	3,274,412	5,179,437
25.	Net investment income earned		1,831,532	1,113,505
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,831,532	1,113,505
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	5,105,944	6,292,942
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	5,105,944	6,292,942
DETAILS OF WRITE-INS				
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	33,979	496
0602.	QAAP TAX	X X X	(7,296,539)	(5,121,840)
0603.	MPCA	X X X	(514,462)	(483,645)
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(7,777,022)	(5,604,990)
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	28,294,924	20,507,671	20,507,671
34.	Net income or (loss) from Line 32	5,105,944	6,292,942	7,695,234
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			(34,758)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	876,452	(48,827)	126,777
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	5,982,396	6,244,115	7,787,253
49.	Capital and surplus end of reporting period (Line 33 plus 48)	34,277,320	26,751,786	28,294,924
DETAILS OF WRITE-INS				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

STATEMENT AS OF **September 30, 2007** OF THE **McLAREN HEALTH PLAN, INC**

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations			
1.	Premiums collected net of reinsurance	120,730,233	122,857,496
2.	Net investment income	1,822,795	1,521,414
3.	Miscellaneous income	(7,775,637)	(7,687,075)
4.	Total (Lines 1 to 3)	114,777,392	116,691,836
5.	Benefit and loss related payments	106,678,050	99,473,451
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,785,521	6,677,624
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	111,463,571	106,151,074
11.	Net cash from operations (Line 4 minus Line 10)	3,313,821	10,540,761
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		1,101,724
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	713,191	324,073
12.7	Miscellaneous proceeds	0	2,210
12.8	Total investment proceeds (Lines 12.1 to 12.7)	713,191	1,428,007
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	44,143	1,151,214
13.3	Mortgage loans		
13.4	Real estate		12,584
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)	44,143	1,163,799
14.	Net increase (or decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	669,048	264,208
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	1,025,036	563,300
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,025,036	563,300
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,007,905	11,368,270
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	44,390,257	33,021,987
19.2	End of period (Line 18 plus Line 19.1)	49,398,162	44,390,257

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:		Amount 1	Amount 2
Description			
20.0001		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	56,307		250						56,057	
2. First Quarter	58,941		1,494						57,447	
3. Second Quarter	59,658	1	1,929						57,728	
4. Third Quarter	61,197	3	2,424						58,770	
5. Current Year										
6. Current Year Member Months	537,469	23	16,035						521,411	
Total Member Ambulatory Encounters for Period:										
7. Physician	207,829		2,872						204,957	
8. Non-Physician	83,065		1,082						81,983	
9. Total	290,894		3,954						286,940	
10. Hospital Patient Days Incurred	12,625		7						12,618	
11. Number of Inpatient Admissions	3,581		4						3,577	
12. Health Premiums Written (a)	121,310,060	6,886	4,012,455						117,290,719	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	121,310,060	6,886	4,012,455						117,290,719	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services ...	106,333,762	6,197	2,577,049						103,750,516	
18. Amount Incurred for Provision of Health Care Services	104,761,534	6,197	3,648,769						101,106,567	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	847,893	348,803				1,196,696
0499999 Subtotals	847,893	348,803				1,196,696
0599999 Unreported claims and other claim reserves						12,453,660
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						13,650,356
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,657,809

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	38,881	2,919,779		1,112,756	38,881	116,393
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	14,701,774	85,817,603	89,380	12,448,220	14,791,154	14,927,293
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	14,740,655	88,737,382	89,380	13,560,976	14,830,035	15,043,686
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	2,823,744		12,964	2,644,845	2,836,708	2,836,708
13.	Totals	17,564,399	88,737,382	102,344	16,205,821	17,666,743	17,880,394

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
Sept 30, 2007

- 1. Summary of Significant Accounting Policies
 No Change

- 2. Accounting Changes and Corrections of Errors
 No Change

- 3. Business Combinations and Goodwill
 No Change

- 4. Discontinued Operations
 No Change

- 5. Investments
 No Change

- 6. Joint Ventures, Partnerships and Limited Liability Companies
 No Change

- 7. Investment Income
 No Change

- 8. Derivative Investments
 No Change

- 9. Income Taxes
 No Change

- 10. Information Concerning Parent, Subsidiaries and Affiliates
 A-C No Change

D. Due from Affiliates: \$920,683: amounts due from affiliate for administrative services and information system operations support. The amounts are settled quarterly.
Due to Affiliates: \$922,083: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled quarterly.

E. No Change

F. Management Agreements between:

- (1) McLaren Health Plan and McLaren Health Care Corporation: McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan: \$536,311 Jan-Sept 2007.

- (2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting/resources services to McLaren Health Plan: \$12,702 Jan-Sept 2007.

- (3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: \$245,339 Jan-Sept 2007.

G-K. No change

Notes to Financial Statement

11. Debt
 No Change
12. Retirement Plans, Deferred Compensation, Post employment Benefits and
Compensated Absences and Other Postretirement Benefit Plans
 No Change
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-
Reorganizations
 No Change
14. Contingencies
 No Change
15. Leases
 No Change
16. Information About Financial Instruments With Off-Balance Sheet Risk and
Financial Instruments With Concentrations of Credit Risk
 No Change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of
Liabilities
 No Change
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured
Portion of Partially Insured Plans
 No Change
19. Direct Premium Written/Produced by Managing General Agents/Third Party
Administrators
 No Change
20. September 11 Events
 No Change
21. Other Items
 No Change
22. Events Subsequent
 No Change
23. Reinsurance
 No Change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
 No Change
25. Change in Incurred Claims and Claim Adjustment Expenses
 No Change
26. Intercompany Pooling Arrangements
 No Change
27. Structured Settlement
 No Change
28. Health Care Receivables
 A. Pharmacy Rebate – The Health Plan is entitled to receive rebates, per the
Michigan Medicaid contract with the Health Plan, from the State of Michigan for

Notes to Financial Statement

psychotropic drugs paid for by the Health Plan but covered by the State. That amount for Sept. 2007 was \$363,588.

Pharmaceutical Rebate Receivables

Quarter	Estimated Rebate	Confirmed	90 days	91-180 days	>180 days
	<u>As reported on FS</u>				
09/30/2007	\$36,412	\$36,412	\$0	\$0	\$0
06/30/2007	\$395,493	\$395,493	\$0	\$0	\$0
03/30/2007	\$395,493	\$395,493	\$0	\$0	\$0
12/31/2006	\$395,493	\$395,493	\$73,449.18	\$0	\$ 83,126.83
09/30/2006	\$133,414	\$133,414	\$0	\$0	\$ 75,308.89
06/30/2006	\$133,414	\$133,414	\$0	\$0	\$161,805.73
03/30/2006	\$133,414	\$133,414	\$0	\$0	\$146,292.77
12/31/2005	\$133,414	\$133,414	\$0	\$0	\$ 71,717.77
09/30/2005	\$104,915	\$104,915	\$0	\$0	\$128,389.28
06/30/2005	\$104,915	\$104,915	\$0	\$0	\$122,950.04
03/30/2005	\$104,915	\$104,915	\$0	\$0	\$116,248.63
29.	<u>Participating Policies</u>				
	No Change				
30.	<u>Premium Deficiency Reserves</u>				
	No Change				
31.	<u>Anticipated Salvage and Subrogation</u>				
	No Change				

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[] No[] N/A[X]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2003.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2003.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....01/27/2005.....
- 6.4 By what department or departments?

MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
.....	.....	Yes[] No[X] .	Yes[] No[X] .	Yes[] No[X] .	Yes[] No[X] .	Yes[] No[X] .

FINANCIAL

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 155,119

INVESTMENT

- 11.1 Has there been any change in the reporting entity's own preferred or common stock?

Yes[] No[X]
- 11.2 If yes, explain:
- 12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 12.2 If yes, give full and complete information relating thereto:
13. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
14. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]
- 15.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
15.21	Bonds		
15.22	Preferred Stock		
15.23	Common Stock		137,368
15.24	Short-Term Investments		
15.25	Mortgages Loans on Real Estate		
15.26	All Other		
15.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26)		137,368
15.28	Total Investment in Parent included in Lines 15.21 to 15.26 above		

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240 .

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

18.2 If no, list exceptions:

Yes[X] No[]

STATEMENT AS OF **September 30, 2007** OF THE **McLAREN HEALTH PLAN, INC**

SCHEDULE A - VERIFICATION

Real Estate

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,746,291	2,885,534
2.	Increase (decrease) by adjustment	(113,953)	(151,827)
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements		12,584
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period	2,632,338	2,746,291
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)	2,632,338	2,746,291
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	2,632,338	2,746,291

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2.	Amount loaned during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION

Other Invested Assets

		1	2
Description		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,120,813	1,071,323
2.	Cost of bonds and stocks acquired	44,143	1,151,213
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	137,368	
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		1,101,724
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	1,302,324	1,120,813
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	1,302,324	1,120,813
12.	Total nonadmitted amounts		
13.	Statement value	1,302,324	1,120,813

13 Schedule D Part 1B NONE

14 Schedule DA Part 1 NONE

14 Schedule DA Part 2 Verification NONE

15 Schedule DB Part F Section 1 NONE

16 Schedule DB Part F Section 2 NONE

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728	01/01/2007	ACE AMERICAN INS CO	PHILADELPHIA, PA	SSL/L/I	Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

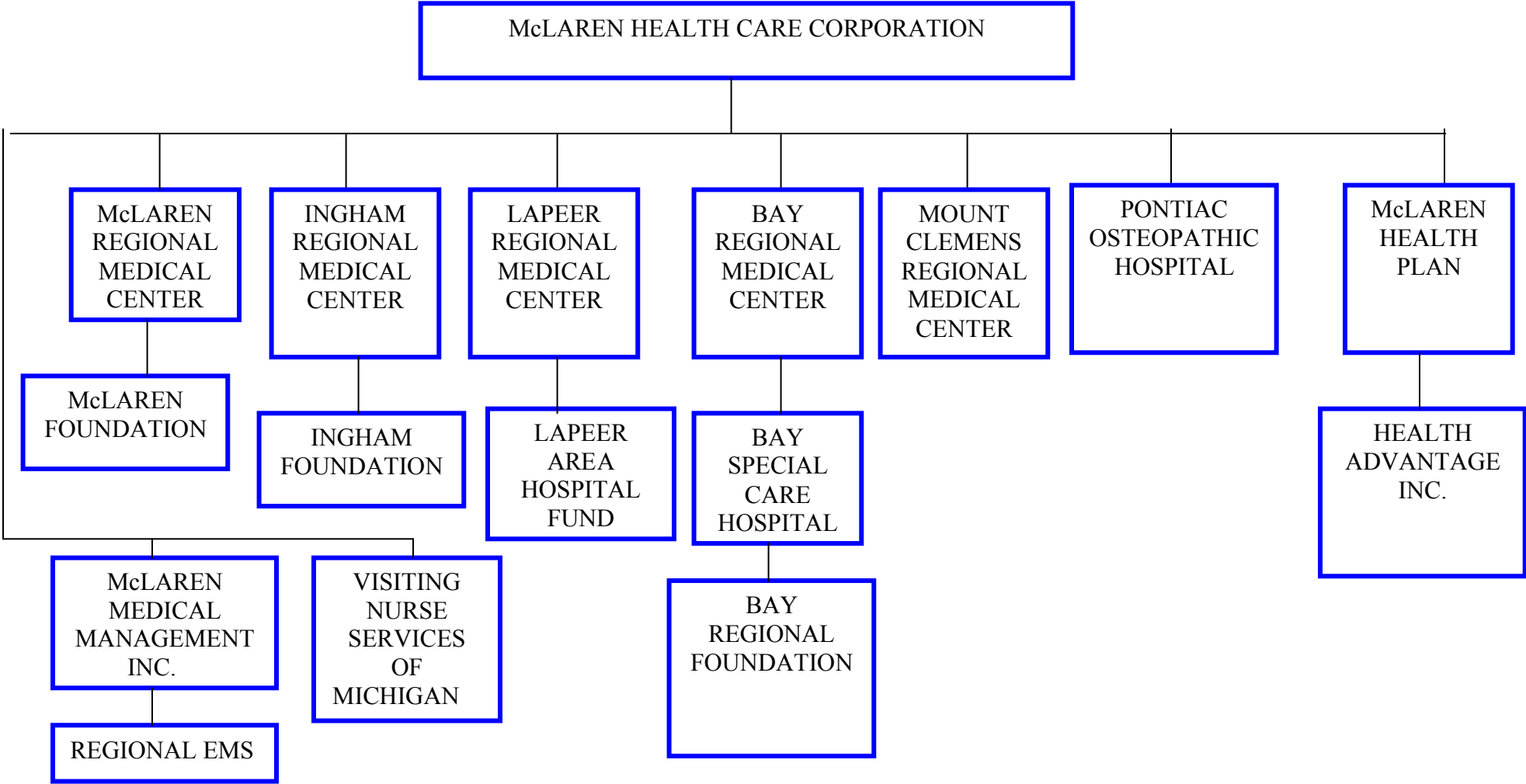
Current Year to Date - Allocated by States and Territories

		1 Is Insurer Licensed (Yes or No)	Direct Business Only							
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
State, Etc.										
1.	Alabama (AL)	No								
2.	Alaska (AK)	No								
3.	Arizona (AZ)	No								
4.	Arkansas (AR)	No								
5.	California (CA)	No								
6.	Colorado (CO)	No								
7.	Connecticut (CT)	No								
8.	Delaware (DE)	No								
9.	District of Columbia (DC)	No								
10.	Florida (FL)	No								
11.	Georgia (GA)	No								
12.	Hawaii (HI)	No								
13.	Idaho (ID)	No								
14.	Illinois (IL)	No								
15.	Indiana (IN)	No								
16.	Iowa (IA)	No								
17.	Kansas (KS)	No								
18.	Kentucky (KY)	No								
19.	Louisiana (LA)	No								
20.	Maine (ME)	No								
21.	Maryland (MD)	No								
22.	Massachusetts (MA)	No								
23.	Michigan (MI)	Yes	4,019,341		117,290,719				121,310,061	
24.	Minnesota (MN)	No								
25.	Mississippi (MS)	No								
26.	Missouri (MO)	No								
27.	Montana (MT)	No								
28.	Nebraska (NE)	No								
29.	Nevada (NV)	No								
30.	New Hampshire (NH)	No								
31.	New Jersey (NJ)	No								
32.	New Mexico (NM)	No								
33.	New York (NY)	No								
34.	North Carolina (NC)	No								
35.	North Dakota (ND)	No								
36.	Ohio (OH)	No								
37.	Oklahoma (OK)	No								
38.	Oregon (OR)	No								
39.	Pennsylvania (PA)	No								
40.	Rhode Island (RI)	No								
41.	South Carolina (SC)	No								
42.	South Dakota (SD)	No								
43.	Tennessee (TN)	No								
44.	Texas (TX)	No								
45.	Utah (UT)	No								
46.	Vermont (VT)	No								
47.	Virginia (VA)	No								
48.	Washington (WA)	No								
49.	West Virginia (WV)	No								
50.	Wisconsin (WI)	No								
51.	Wyoming (WY)	No								
52.	American Samoa (AS)	No								
53.	Guam (GU)	No								
54.	Puerto Rico (PR)	No								
55.	U.S. Virgin Islands (VI)	No								
56.	Northern Mariana Islands (MP)	No								
57.	Canada (CN)	No								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	4,019,341		117,290,719				121,310,061	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a) 1	4,019,341		117,290,719				121,310,061	
DETAILS OF WRITE-INS										
5801.		X X X								
5802.		X X X								
5803.		X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
McLaren Health Care
Organizational Chart
2007

Q19



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95848200736500003

2007

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 1 NONE

E02 Schedule B Part 2 NONE

E03 Schedule BA Part 1 NONE

E03 Schedule BA Part 2 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
6099998	Summary Item for Bonds Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
Common Stock - Industrial and Miscellaneous (Unaffiliated)									
4812C0670	JPMORGAN US GOVT MNY MKT FD CAPITAL		09/01/2007	JPMORGAN CHASE BANK, NA	15,009.000	15,009	X X X		
6899999	Subtotal - Common Stock - Industrial and Miscellaneous (Unaffiliated)				X X X	15,009	X X X		X X X
7299997	Subtotal - Common Stock - Part 3				X X X	15,009	X X X		X X X
7299998	Summary Item for Common Stock Bought and Sold This Quarter				X X X	X X X	X X X	X X X	X X X
7299999	Subtotal - Common Stocks				X X X	15,009	X X X		X X X
7399999	Subtotal - Preferred and Common Stocks				X X X	15,009	X X X		X X X
7499999	Total - Bonds, Preferred and Common Stocks				X X X	15,009	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E06 Schedule DB Part B Section 1 NONE

E07 Schedule DB Part C Section 1 NONE

E07 Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2007		0.052	594,372	198,082	47,807,352 ...	47,350,720 ...	49,398,162 ...	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories ..			X X X	X X X ..						X X X
0199999 Totals - Open Depositories			X X X	X X X ..	594,372	198,082	47,807,352 ...	47,350,720 ...	49,398,162 ...	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X	X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..						X X X
0399999 Total Cash On Deposit			X X X	X X X ..	594,372	198,082	47,807,352 ...	47,350,720 ...	49,398,162 ...	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X ..	X X X ..				X X X
0599999 Total Cash			X X X	X X X ..	594,372	198,082	47,807,352 ...	47,350,720 ...	49,398,162 ...	X X X

E09 Schedule E Part 2 Cash Equivalents NONE

Supp1 Medicare Part D Coverage Supplement NONE

ACT Actuarial Statement NONE

AEP Amended Explanation NONE

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q2; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06

Cash; Q2; Q6; QE08

Cash Equivalents; Q2; Q6

Claims; Q3; Q8

Collars; QE07

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 2

Derivative Instruments; Q10, Note 8; Q14; Q15; QE06; QE07

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; Q12; QE01; QE02; QE04; QE05

Forwards; QE07

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2; Q18

Health Care Receivables; Q2; Q9; Q10, Note 28

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q9

Income; Q4; Q5

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; Q14

 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2

Joint Ventures; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QE02

Non Admitted Assets; Q2; Q5; Q12

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06

Organizational Chart; Q11; Q19

Out-of-Area; Q4

Outside Referrals; Q4

Parents, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

Premium Deficiency Reserves; Q10, Note 30

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premiums and Considerations

- Advance; Q3
- Collected; Q6
- Deferred; Q2
- Direct; Q7; Q18
- Earned; Q7
- Retrospective; Q2
- Uncollected; Q2
- Unearned; Q4; Q7
- Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; QE01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q10, Note 23

- Ceded; Q3; Q17
- Funds Held; Q2
- Payable; Q3
- Premiums; Q3
- Receivable; Q2; Q4
- Unauthorized; Q3; Q5

Reserves

- Accident and Health; Q3; Q4
- Claim; Q3; Q5; Q8
- Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

September 11 Events; Q10, Note 20

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; Q14

Stockholder Dividends; Q5

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q10, Note 13

Surplus Notes; Q3; Q5; Q6

Swaps; QE07

Synthetic Assets; Q15; Q16

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; Q12; Q14

Wash Sales; Q10, Note 17

Withholds; Q4; Q8